In re		Anthony Embich hrystell Embich
		Debtor(s)
Case Ni	umber:	11-80862
		(If known)

According to the calculations required by this statement:
☐ The applicable commitment period is 3 years.
■ The applicable commitment period is 5 years.
■ Disposable income is determined under § 1325(b)(3).
☐ Disposable income is not determined under § 1325(b)(3).
(Check the boxes as directed in Lines 17 and 23 of this statement.)

## **AMENDED**

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF IN	COM	IE .				
Marital/filing status. Check the box that applies and complete the balan a. □ Unmarried. Complete only Column A ("Debtor's Income") for L							ement	as directed.		
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the							for Lines 2-10 Column A Debtor's Income		Column B Spouse's Income
2		nonth total by six, and enter the result on the a		•			Φ.		Ф	
2	_	s wages, salary, tips, bonuses, overtime, con ne from the operation of a business, profess			rt I ind	e h from Line a and	\$	6,580.68	\$	1,187.39
3	enter profe numb	the difference in the appropriate column(s) of ssion or farm, enter aggregate numbers and proper less than zero. Do not include any part of luction in Part IV.	Lir	Line 3. If you operate more than one business, vide details on an attachment. Do not enter a						
	a.	Gross receipts	\$	0.00		0.00				
	b.	Ordinary and necessary business expenses	\$	0.00	<u> </u>	0.00				
	c.	Business income	Su	btract Line b fron	Line	a	\$	0.00	\$	0.00
4	the ap	s and other real property income. Subtract appropriate column(s) of Line 4. Do not enter to the operating expenses entered on Line between the column of the operating expenses entered on Line between the column of the operating expenses entered on Line between the column of the col	a nu	mber less than ze a deduction in Pa Debtor	ro. Do	o not include any Spouse				
	a.	Gross receipts	\$	0.0		0.00				
	b.	Ordinary and necessary operating expenses	\$	0.0		0.00			_	
	c.	Rent and other real property income	Sı	ubtract Line b from	n Line	e a	\$	0.00	\$	0.00
5	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00
6	Pensi	ion and retirement income.					\$	0.00	\$	0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A. do not report that payment in Column B.					\$	0.00	\$	0.00	
8	listed in Column A, do not report that payment in Column B.  Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8.  However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:									
		mployment compensation claimed to benefit under the Social Security Act Debtor		<b>0.00</b> S		\$ 0.00				

Software Copyright (c) 1996-2011 CCH INCORPORATED - www.bestcase.com

9	Income from all other sources. Specify sources on a separate page. Total and enter on Line 9. maintenance payments paid by your spouse, separate maintenance. Do not include any be payments received as a victim of a war crime, of international or domestic terrorism.	Do not include the but included the contract of the but included the but i	clude alimony le all other pay ived under the	or separ yments of Social S	rate of alimony ecurity A	v or			
		1 1	Debtor		Spouse				
	a. GI Bill b.	\$	0.00	\$		351.00	\$	0.00	\$ 851.00
10	<b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and in Column B. Enter the total(s).		n B is complet	ed, add l	Lines 2 th			5,580.68	2,038.39
11	<b>Total.</b> If Column B has been completed, add L the total. If Column B has not been completed						\$		8,619.07
	Part II. CALCULAT	ON OF	§ 1325(b)(4	) COM	IMITM	ENT I	PERIOD	)	
12	Enter the amount from Line 11							\$	8,619.07
13	Marital Adjustment. If you are married, but a calculation of the commitment period under § enter on Line 13 the amount of the income lists the household expenses of you or your dependent income (such as payment of the spouse's tax list debtor's dependents) and the amount of income on a separate page. If the conditions for enterional tables of the conditions for enterior tables of the conditions for ente	1325(b)(4) ed in Line 1 ents and sp ability or the devoted to	does not requi 10, Column B ecify, in the line e spouse's sup to each purpose	re inclus that was nes below port of po . If nece	ion of the NOT paid v, the basi ersons oth essary, list	income I on a reg s for exc ner than t	of your spe gular basis cluding this the debtor	ouse, for s or the	
	Total and enter on Line 13							\$	0.00
14	Subtract Line 13 from Line 12 and enter the	result.						\$	8,619.07
15	Annualized current monthly income for § 13 enter the result.	325(b)(4).	Multiply the a	nount fro	om Line 1	4 by the	number 12	2 and \$	103,428.84
16	<b>Applicable median family income.</b> Enter the information is available by family size at www	.usdoj.gov/	<u>ust/</u> or from th	e clerk o	f the bank	ruptcy c	ourt.)		
		NC	b. Enter del		usehold si	ze:	5	\$	75,078.00
17	Application of § 1325(b)(4). Check the applic  ☐ The amount on Line 15 is less than the and top of page 1 of this statement and continuous  ☐ The amount on Line 15 is not less than the at the top of page 1 of this statement and continuous the top of this statement and continuous the top of this statement and continuous the top of this statement and continuous	nount on L e with this e amount o	ine 16. Check statement.	the box					
	Part III. APPLICATION OF	§ 1325(b)(	(3) FOR DET	ERMINI	ING DISI	POSABI	LE INCO		
18	Enter the amount from Line 11.							\$	8,619.07
19	Marital Adjustment. If you are married, but a any income listed in Line 10, Column B that w debtor or the debtor's dependents. Specify in the payment of the spouse's tax liability or the spot dependents) and the amount of income devoted separate page. If the conditions for entering this b.	ras NOT pa ne lines belouse's suppo d to each pu	id on a regular ow the basis for rt of persons our pose. If neces	basis for r excludi ther than ssary, list	r the hous ing the Co the debto t additiona	ehold ex olumn B or or the	penses of t income(su debtor's	the ch as	
	Total and enter on Line 19.		Įψ					\$	0.00
20	Current monthly income for § 1325(b)(3). Su	ıbtract Line	e 19 from Line	18 and e	enter the r	esult.		\$	8,619.07

	T						
Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.							
<b>Applicable median family income.</b> Enter the amount from Line 16.							
Application of § 1325(b)(3). Check the applicable box and proceed as directed.							
■ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determ 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.							
Line 22. Check the box for "Disposable incomplete Part VII of this statement. Do not complete							
DEDUCTIONS FROM INCOME							
ds of the Internal Revenue Service (IRS							
National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.							
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
Persons under 65 years of age Persons 65 years of age or older							
Allowance per person	44						
Number of persons	0						
Subtotal	300.00						
nses. Enter the amount of the IRS Housing and county and family size. (This information is uptcy court). The applicable family size consist your federal income tax return, plus the number	\$ <b>527.00</b>						
Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.							
the total of the Average Monthly Payments fo							
the total of the Average Monthly Payments for b from Line a and enter the result in Line 25E tense \$							
the total of the Average Monthly Payments for b from Line a and enter the result in Line 25E tense \$ 90 tr \$	00 55						
the total of the Average Monthly Payments for b from Line a and enter the result in Line 25E  bense \$ 90  IT \$ 88  Subtract Line b from Line a.	DO 0						
the total of the Average Monthly Payments for b from Line a and enter the result in Line 25E tense \$ 90 tr \$	00 55						

Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs \$ 496.00   Average Monthly Payment for any debts secured by Vehicle 5, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.  5 80.25  Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Souther Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amoun							
Included as a contribution to your household expenses in Line ? _   _   _   _   _   _   _   _   _   _		expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and					
If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Meteropolitan Statistical Area or Census Region, (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)  27B  27B  27B  27B  27B  27B  27B  27		Check the number of vehicles for which you pay the operating expens	ses or for which the operating expenses are				
Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable mumber of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptycy court.)  Local Standards: transportation additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankrupty court.)  Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankrupty court.)  Local Standards: transportation ownership/lease expenses; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 ■ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Ca" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptycy court; enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle   s. stated in Line 47; subtract Line b from Line a.  Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box Line 47.  Local Standards: transportation ownership/lease expense; Vehicle 2. Subtract Line b from Line a.  Local Standards: transportation ownership/lease expense for Vehicle 2. Subtract Line b from Line a.  Local Standards: transportation ownership/lease expense for Vehicle 2. Subtract Line b from Line a.  Local Standards: transportation ownership/lease expense the Payments of any debts secured by Vehicle 2. Subtract Line b from Line a.  Local Standards: transportation standards, Ownership Costs [Subtract Line b from Line a.]  Average Mo	27A	included as a contribution to your household expenses in Line 7. $\square$ 0 $\square$ 1 $\square$ 2 or more.					
for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 278 the "Public Transportation" amount from the IRS Local Standards: Transportation, (This amount is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  Local Standards: transportation ownership/lease expense; (You may not claim an ownership/lease expense for more than two vehicles). In I a 20 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or more than two vehicles. In I a 18 of the outside of the Average Monthly Payments for any debts secured by Vehicle 1. as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.  a. I IRS Transportation Standards. Ownership Costs Average Monthly Payment for any debts secured by Vehicle 5. 137.10 c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a. 137.10 c. Net ownership/lease expense for Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or more "Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or more "Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="https://www.usdoj.gov/ust/">https://www.usdoj.gov/ust/</a> or more "Box in Line 24.  Local Standards: Transportation ownership/lease expense; Vehicle 2. Sastated in Line 47.  a. II IRS Transportation Standards. Ownership Costs  A		Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or					
you claim an ownership/elase expense. (You may not claim an ownership/elase expense for more than two vehicles.)   Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.  Local Standards: Transportation Standards, Ownership Costs \$ 496.00    Net ownership/lease expense for Vehicle 1   Subtract Line b from Line a.  Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/usz' or from the clerk of the bankruptey court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.  Journal of the Average Monthly Payment for any debts secured by Vehicle 2 and the subtract Line b from Line a 47 (a. Net ownership/lease expenses for Vehicle 2 and the Average Monthly Payment for any debts secured by Vehicle 2 and the Average Monthly Payment for any debts secured by Vehicle 2 and the Average Monthly Payment for any debts secured by Vehicle 2 and the Average Monthly Payment for any debts secured by Vehicle 2 and the Average Monthly Payment for any debts secured by Vehicle 2 and the Average Monthly Payment for any debts secured by Vehicle 2 and the Aver	27B	for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy					
Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court): enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.    Average Monthly Payment for any debts secured by Vehicle   5		Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two					
Average Monthly Payment for any debts secured by Vehicle   S	28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li	court); enter in Line b the total of the Averag	e			
D.   1, as stated in Line 47   Subtract Line b from Line a.			\$ 496.00				
C.   Net ownership/lease expense for Vehicle 1   Subtract Line b from Line a.   \$ 358.96			\$ 137.10	,			
the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 Local Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 Local Average Monthly Payment for any debts secured by Vehicle 3, as stated in Line 47 Local Average Monthly Payment for any debts secured by Vehicle 4, as stated in Line 47 Local Average Monthly Payment for any debts secured by Vehicle 5, as stated in Line 47 Local Average Monthly Payment for any debts secured by Vehicle 6, as stated in Line 47 Local Average Monthly Payment for any debts secured by Vehicle 8 Local Average Monthly Payment for any debts secured by Vehicle 9, as stated in Line 47 Local Average Monthly Payment for any debts secured by Vehicle 9, as stated in Line 47 Local Average Monthly Payment for any debts secured by Vehicle 9, as stated in Line 47 Local Average Monthly Payment for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Social security taxes, and Medicare taxes. Do		,	Subtract Line b from Line a.	\$	358.90		
Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2  Subtract Line b from Line a.  Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on	29	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Li	court); enter in Line b the total of the Averag	e			
b.   2, as stated in Line 47   \$ Subtract Line b from Line a.     30   Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.   \$ 859.48     31   Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.   \$ 0.00     32   Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.   \$ 55.00     33   Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.   \$ 1,600.00     34   Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.   \$ 0.00			\$ 496.00				
Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on			\$ 415.71				
state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.  31 Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  32 Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  33 Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.  34 Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  35 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on			Subtract Line b from Line a.	\$	80.29		
deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on	30	state, and local taxes, other than real estate and sales taxes, such as in	come taxes, self employment taxes, social	\$	859.48		
life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on	31	deductions that are required for your employment, such as mandatory	\$	0.00			
pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not</b> include payments on past due obligations included in line 49.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on	32						
Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on		· · · · · · · · · · · · · · · · · · ·	on your dependents, for whole life or for	\$	55.00		
] 33	33	any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as	al monthly amount that you are required to		55.00 1,600.00		
		any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.  Other Necessary Expenses: education for employment or for a ph the total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged dep	al monthly amount that you are required to spousal or child support payments. <b>Do not</b> ysically or mentally challenged child. Ente ion that is a condition of employment and for	\$			

36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.	\$	0.00		
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$	25.00		
38	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.	\$	6,348.12		
	Subpart B: Additional Living Expense Deductions				
	Note: Do not include any expenses that you have listed in Lines 24-37				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
39	a. Health Insurance \$ 31.72				
	b. Disability Insurance \$ 0.00				
	c. Health Savings Account \$ 0.00	¢.	04.70		
	Total and enter on Line 39	\$	31.72		
	<b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$	0.00		
41	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$	0.00		
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$	0.00		
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$	0.00		
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$	0.00		
	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable				
45	contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). <b>Do not include any amount in excess of 15% of your gross monthly income.</b>	\$	2.00		

## **Subpart C: Deductions for Debt Payment Future payments on secured claims.** For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts 47 scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. Name of Creditor Property Securing the Debt Average Does payment Monthly include taxes Payment or insurance 2010 Ford Fusion SEL Sedan 4 Dr. VIN #: 3FAHP0JA9AR20496 **USAA Insurance Policy #: 7103** a. Ford Motor Credit 554.89 □yes ■no Value=Trade minus 20% 2010 Ford Explorer XLT Utility 4 Dr. 2 WD VIN #: 1FMEU6DEXAUA05067 **USAA Insurance Policy #: 7103** b. Ford Motor Credit □yes ■no 415.71 Value=Trade minus 20% 2007 Victory 8 Ball Motorcycle VIN #: 5VPAB26D773003928 **GEICO Insurance Policy #:** c. Polaris **137.10** □yes ■no House & Lot: 315 Buckeye Drive Raeford, NC 28376 \*TAXES ARE ESCROWED\* Wells Fargo Home \*\*TOTAL ARREARAGES @ ■yes □no d. Mortgage 887.55 \$4,920.50\* Total: Add Lines 1.995.25 Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the 48 payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount House & Lot: 315 Buckeye Drive Raeford, NC 28376 \*TAXES ARE ESCROWED\* **Wells Fargo Home** \*\*TOTAL ARREARAGES @ 82.01 a. Mortgage \$4,920.50\* Total: Add Lines 82.01 Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as 49 priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. **Do** not include current obligations, such as those set out in Line 33. 73.34 Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. 2,555.00 Projected average monthly Chapter 13 plan payment. 50 Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of 6.00 the bankruptcy court.) Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b 153.30 Total Deductions for Debt Payment. Enter the total of Lines 47 through 50. 51 2,303.90

	Subpart D: Total Deductions	s from Income				
52	<b>Total of all deductions from income.</b> Enter the total of Lines 38, 46, and	d 51.	\$	8,685.7		
	Part V. DETERMINATION OF DISPOSABLE	E INCOME UNDER § 1325(b)(	2)			
53	<b>Total current monthly income.</b> Enter the amount from Line 20.		\$	8,619.0		
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.					
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).					
56	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the amount from Line 52.					
	Deduction for special circumstances. If there are special circumstances there is no reasonable alternative, describe the special circumstances and If necessary, list additional entries on a separate page. Total the expenses provide your case trustee with documentation of these expenses and you feel the special circumstances that make such expense necessary and reasonable alternative.	r. st				
57	Nature of special circumstances	Amount of Expense				
	a.	\$	_			
	b.	\$	4			
	c.	\$ Total: Add Lines	-  _\$	0.0		
58	The latest and the la					
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from	m Line 53 and enter the result.	\$	-66.6		
	Part VI. ADDITIONAL EXPI	ENSE CLAIMS				
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income to 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.    Expense Description					

Total: Add Lines a, b, c and d

	Part VII	. VERIFICATION
	I declare under penalty of perjury that the information promust sign.)	vided in this statement is true and correct. (If this is a joint case, both debtors
61	Date: <b>July 6, 2011</b>	Signature: /s/ Walter Anthony Embich Walter Anthony Embich (Debtor)
	Date: <b>July 6, 2011</b>	Signature // Is/ Terra Chrystell Embich Terra Chrystell Embich (Joint Debtor, if any)

Walter An	thony	Embich
Terra Chr	ystell E	mbich

Case No.
----------

Debtor(s)

## STATEMENT OF CURRENT MONTHLY INCOME AND MEANS TEST CALCULATION Attachment A

Lanning Adjustments for Projected Disposable Income Calculation						
CMI Income (Before Marital Adjustment) (Form 22C, line 18)	8,619.07	Schedule I Expenses	\$6,849.95			
Total of all Deductions under 11 U.S.C. § 707(b)(2):	(\$8,685.74)	(Sch. I, line 16)				
Child Support received (Sch. I, line 10) (NOT including child support received by non-filing spouse)	\$0.00	Schedule J expenses (including proposed plan payment) (Sch. J, line 20b)	(\$6,850.95)			
Qualified retirement deductions:	\$0.00					
Equals Means Test Derived Disposable Income:	(\$66.67)					
Lanning Adjustments:						
**Decrease in income due to the female Debtor's part time retail work. As shown on Schedule I, the Female Debtor's only current source of income is through her position with the United States Army Reserve and GI Bill Distributions**	(\$845.92)	Equals Actual Disposable Income:				
Projected Disposable Monthly Income:	(\$912.79)	(Sch. J, line 20c)	(\$1.00)			

(rev. 11/29/10)

\*\*NOTE: The originally filed B22C noted that the decrease shown here was due to a one-time bonus received during the CMI period. This statement was incorrect, and was the result of an inadvertent carryover from another case. The Lanning Adjustment listed here is only due to the loss of the female debtor's part-time retail employment

Lanning Adjustments for Projected Disposable Income Calculation			
CMI Income (Before Marital Adjustment) (Form 22C, line 18)	\$8,619.07	Schedule I Expenses	\$6,849.95
Total of all Deductions under 11 U.S.C. § 707(b)(2):	(\$8,765.56)	(Sch. I, line 16)	
Child Support received (Sch. I, line 10) (NOT including child support received by non-filing spouse)	\$0.00	Schedule J expenses (including proposed plan payment) (Sch. J, line 20b)	(\$6,974.59)
Qualified retirement deductions:	\$0.00		
Equals Means Test Derived Disposable Income:	(\$146.49)		
Lanning Adjustments:			
Once per year bonus received in March, 2011. prorated over 12 months	(\$845.92)	Equals Actual Disposable Income: (Sch. J, line 20c)	
Projected Disposable Monthly Income:	(\$992.41)		(\$125.00)

(rev. 11/29/10)